

**APPLICATION OF A CREDIT UNION TO ESTABLISH A SERVICE FACILITY  
PURSUANT TO § 6.1-225.20 OF THE CODE OF VIRGINIA**

**INFORMATION AND INSTRUCTIONS**

This application is designed to elicit the minimum information required by the State Corporation Commission for the purpose of determining whether a credit union should be granted a certificate of authority to establish a service facility. Additional information may be required in some cases, and the right to request such information is hereby reserved. This form is not intended to limit the presentation of the proposal, and the applicant may submit any additional information it considers pertinent. When space allowed is insufficient, a separate page should be used. Additional information and/or documents must be submitted on 8½" by 11" paper.

**The following documents must be submitted with the application:**

1. A check for \$200 payable to the Treasurer of Virginia.
2. A detailed, current (less than 90 days old) balance sheet of the applicant which itemizes investments in land, buildings, improvements, furniture, fixtures, and equipment.
3. A description of the proposed quarters which specifies all transactions and costs associated with land, building, improvements, furniture, fixtures, and equipment.
4. A share growth plan and budget for the next three years if the total fixed asset investment will exceed 5% of shares.
5. A statement of facts which demonstrates that the establishment of the proposed facility will serve the interests of the applicant's members and that such facility will not impair the financial condition of the applicant or any other credit union. The statement of facts may include the number of existing members that the facility will be serving, the number of new members it may attract, the hours and days of operation, and the name of the sponsor and support it will provide.

The Bureau will review the application and accompanying materials for completeness upon receipt. Investigation of the application may be delayed if the application is incomplete. Thus, full and complete answers should be given at the outset of the application process.

As a general rule, documents filed with the Bureau of Financial Institutions become part of the public record. Upon request, the Bureau will consider for confidential treatment documents or portions of the application that the applicant considers of a proprietary and personal nature. The request for confidential treatment must discuss the justification for the requested treatment, specifically demonstrating the harm (for example, loss of competitive position or invasion of privacy) that may result from public release of the information. Information for which confidential treatment is requested should be: (1) specifically identified in the public portion of the application (by reference to the confidential section); and (2) specifically separated and labeled "Confidential". The Bureau will advise the applicant if the request for confidentiality cannot be honored.

To view the entire Confidentiality Policy Statement of the Bureau of Financial Institutions or to download this application form or a related form, visit the Bureau's website at [www.scc.virginia.gov/division/banking](http://www.scc.virginia.gov/division/banking).

Inquiries regarding the preparation and filing of this application should be directed to the Bureau of Financial Institutions, 1300 East Main Street, Suite 800, Post Office Box 640, Richmond, Virginia 23218-0640. Telephone: (804) 371-9690; FAX (804) 371-9416.

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**Bureau of Financial Institutions  
State Corporation Commission  
1300 East Main Street, Suite 800  
Post Office Box 640  
Richmond, Virginia 23218-0640**

Pursuant to § 6.1-225.20 of the Code of Virginia, \_\_\_\_\_  
Corporate Name of Applicant

\_\_\_\_\_ hereby applies to the State Corporation Commission  
Mailing Address

for permission to maintain a service facility at \_\_\_\_\_  
Street Address

\_\_\_\_\_. It is estimated that the said  
City or Town State Zip Code

facility will generate \$\_\_\_\_\_ in new shares at the end of the first twelve months of operation and  
\$\_\_\_\_\_ in the second twelve months. It is projected that the said office will incur the following  
expenses:

	<u>First Twelve Months</u>	<u>Second Twelve Months</u>
Salaries (No. of Employees _____)	\$_____	\$_____
Rental & Depreciation Expense	\$_____	\$_____
Other Operating Expenses	\$_____	\$_____
TOTAL OPERATING EXPENSES	\$_____	\$_____

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**CERTIFICATION**

The undersigned certifies that he/she has executed the foregoing application under § 6.1-225.20 of the Code of Virginia; that he/she has been duly authorized to execute and file such application; and that to the best of his/her knowledge, information, and belief, the application contains no misstatement of fact and does not omit a material fact called for.

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number/E-mail Address